Health and Human Services

Iowa Department of Health And Human Services

CHILD CARE CENTER ANNUAL EVALUATION

Name of Center: Clarksville Child Development LLC

Provider No.: 44490

Address: 111 S Main St, Clarksville, IA, 50619

County: Butler

Director's Name: Jessica Reints

On-Site Supervisor:

Phone Number: 3192784076

E-Mail: clarksvillechilddevelopment@butler-bremer.com

HHS Visit Date: 01/14/2026

Licensing Period: 03/01/2025 to 03/01/2027

Fire Inspection:

Date Inspected: 03/08/2024

Comments:

Report Visit Type:

- [ ] PTO
- [ ] Licensing Visit
- [ ] Drop In
- [ ] Administrative Change

License Type:

- [X] Full
- [ ] Provisional

Quality initiative:

- [ ] Accrediation

Program Duration:

- [X] Year-Round
- [ ] School Year
- [ ] Summer Only

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HOURS:	*Year-round*	*School-Year*	*Summer Only*
Sunday			
Monday	6:00 AM to 6:00 PM		
Tuesday	6:00 AM to 6:00 PM		
Wednesday	6:00 AM to 6:00 PM		
Thursday	6:00 AM to 6:00 PM		
Friday	6:00 AM to 6:00 PM		
Saturday			

Program Population Served:

- [X] Infant(0-<24 Months)
- [X] Toddler
- [X] PreSchool
- [X] School Age
- [ ] All Ages

LICENSE CAPACITY	Infants	2 Years	Preschool	School-Aged	Capacity
General	20	18	20		58
Summer					0

1. Basic Overview

An unannounced annual visit was made to Clarksville Child Development, LLC in Clarksville on 01-14-26 where I met with the center director and owner, Jessica Reints. This center was given permission to open on 12/01/14. Jessica is well qualified as the director with a BA in early childhood education and previous experience with Head Start. The center provides daycare programming to infants through school-age children, and preschool programming each day from 8:30 am until 3:00 pm. There are currently 61 children enrolled in the center served by 17 staff. All aspects of the program subject to licensing standards were reviewed.

The design, layout, and programming of the center remain the same as in the prior report. The program is located in a storefront building in the downtown area of Clarksville. The building has a long central corridor with three classrooms, restrooms, and a kitchen. The classrooms are defined by age groups with one for infants, one for 2-3 year olds, and one for preschool and school age (PS/SA) children. Each classroom has a secondary exit providing direct egress to the outdoors. The door of the PS/SA classroom was in immediate need of maintenance but the exits of the other 2 rooms opened easily and freely. Each room has a window that provides natural light and a view of the outdoors but all are sealed and do not provide ventilation. Restrooms are directly available from the toddler and school age rooms, and additional restrooms are available off the main corridor. Changing stations are available in the infant and toddler rooms. Each classroom has sinks present in the room to facilitate hand washing, and food preparation. Each room has refrigerator and microwave to assist with cooling or heating food. The facilities and classrooms were observed to be clean. While there were a few minor maintenance issues other than the concerns identified with the emergency exit none rose to the level of being an immediate safety concern. Each room is divided into activity centers through the placement of furniture, and play structures that are arranged so as not to create any blind areas.

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2. Identify Observed Strengths of the program

Good interactions were observed in each classroom. The center was engaged in naptime when I arrived and the toddlers and preschool age children were all either sleeping or resting quietly on their cots. Ratio was maintained in each classroom with at least two teachers present in the room even though the children were resting. The teachers were generally positioned such that they could physically observe each child in the room though when initially visiting the preschool room it was noted that some cots had been placed where shelving units created limited sight lines. This was identified to the staff in the room and they did move to where at least one teacher was able to observe every child. The children in the infant room were required to sleep or be in their cribs during the time when the other children were resting as part of the daily schedule, but were instead allowed to sleep as needed. Later during the visit as the children woke up the teachers did engage with them to return to following the planned schedule and curriculum. The center curriculum uses a general focus theme paired with specific learning concepts of letters and numbers. The center also develops specific learning goals for each child depending on their developmental skills and needs. Each classroom identified their own lesson plan rather than following a general center wide theme. Each teacher appeared to present a positive and energetic demeanor, and used positive and encouraging word choices and tones of voice when speaking to the children.

Good health and safety practices were observed during the visit. I was able to observe a diaper change on the day of my visit and required procedures were followed. Good handwashing practices were followed with staff supervising the children when washing their hands. The teachers also directed the children to wash their hands following restroom use, and prior to meals. First aid kits are kept in classrooms and taken as a whole the center does have materials necessary to address most common first aid needs. Good cleaning practices were observed with staff waiting for children to be out of the immediate area before using cleaning products. Chemical cleaners, medications, personal belongings and other items that could pose a safety risk to children were stored in areas that were not readily accessible to children. There were toys present in the toddler room that contained small parts which could easily break off which would be a choking hazard and these were identified as needing to be removed. Safe Sleep practices were followed for children under 12 months of age. Cots with bedding was provided for older children. One issue that was noted was in the PS/SA room where the lighting was low on the side of the room opposite of the window where it was difficult to observe children. It was discussed that options of opening the curtains, or obtaining a lamp, or adjusting the illumination in the classroom could be implemented to ensure that staff could observe the children and determine if they were in need of assistance.

The center does have a small playground space at the back of the building. The playground is an open space that makes use of balls, toys, and other ground based play structures. The playground is fully enclosed by fencing which was observed to be in good repair. Shade is provided by the building, and mobile awning/umbrella structures.

The center has a small kitchen space and meals are prepared on site. The center uses a menu rotation and copies of the planned menu were posted. The afternoon snack was served at the time of the visit and good food handling and service practices were observed. The staff wore food service gloves when portioning snacks for the children. The kitchen was observed to be clean with no evidence of insect or rodent infestation. Good food storage practices were observed with items placed in air tight sealable food grade containers once the original packaging seal has been broken. Thermometers were present in all refrigerator and freezer units. The teachers did not eat with the children but did provide supervion at the tables.

The required notices for Consultant Contact, Mandatory Child Abuse Reporter requirements, Certificate of License, and No Smoking were posted at the main entrance where they were readily accessible and visible to parents and visitors. All other required postings for emergency evacuation, emergency contacts, diapering, handwashing, daily schedule, curriculum, and menu were also present. A random sample of staff and child files were reviewed and all were found to contain all required information. All inspection logs and certificates were current and valid. The center Parent Handbook was reviewed and did have a couple policies that were missing since the last update.

3. Identify the aspects that fall below the standard

Written polices were needed for, Notification Of Immunization Exemptions, Staff Orientation & Training, and updating the Consultant Contact information for current e-mail and phone (ray.salsbury@hhs.iowa.gov 515-631-8855.

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The emergency exit from the preschool/school age classroom was extremely difficult to open, and had a damaged closure mechanism. The exit needs to be repaired immediately so as to meet current fire/building code requirements.

Items and toys with small parts that can easily break off which would be less than 1 1/4 inches diameter and 2 1/4 inches length are considered choking hazards and need to be removed from classrooms serving children under 3 years of age.

4. Any corrective action plans, provisional license, and safety plans-steps to get into compliance

Jessica and staff of the 2 year old classroom began removing toys and items that could present a choking hazard during the time of the visit.

Information regarding needing center policies, and recommendations were provided.

Jessica was made aware of the concerns regarding the emergency exit for the PS/SA classroom. Notice was also provided to the State Fire Marshal. Jessica stated that she would contact someone to make repairs immediately.

5. Special Notes/Recommendations

A full license is recommended at this time. Please provide a written response to the licensing consultant identifying a plan of action to correct and maintain those aspects cited as not meeting licensing standards and identifying an anticipated date of compliance. At least one visit will be made to the center during the next year.

Please provide verification of the repairs, or plan of correction to the emergency exit by 01-30-26

Date: 01/19/2026

HHS Licensing Consultant: Ray Salsbury

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Care License. Please take steps necessary to completely address each of the violations noted above.

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at **https://iowaccrr.org**.